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CONFIRMATION NO. 4603

<b>SERIAL NUMBER</b> 10/690,264	<b>FILING OR 371(c) DATE</b> 10/21/2003 <b>RULE</b>	<b>CLASS</b> 425	<b>GROUP ART UNIT</b> 1722	<b>ATTORNEY DOCKET NO.</b> AT-000217
<b>APPLICANTS</b> Roman Wrosz, Poway, CA; James C. Culp, Pleasanton, CA; Craig E. Farren, Livermore, CA;				
<b>** CONTINUING DATA *****</b> none TN				
<b>** FOREIGN APPLICATIONS *****</b> none TN				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/20/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <u>TN</u> Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 48
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 24710				
<b>TITLE</b> Method and apparatus for manufacturing dental aligners				
<b>FILING FEE RECEIVED</b> 1274	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	